

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05102 (1)
1. Corporation Name
THE HARBOR VILLAGE COMMUNITY ASSOCIATION, INC.



Principal Place of Business G/O SUMMIT PROP MANAGEMENT, INC. 6289 W SUNRISE BLVD #202 SUNRISE FL 33313	Mailing Address G/O SUMMIT PROP MANAGEMENT, INC. 6289 W SUNRISE BLVD #202 SUNRISE FL 33313
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3. Date Incorporated or Qualified 09/11/1984	
4. FEI Number 59-2446390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3300 University Dr. Suite, Apt. #, etc. 22 #405 City & State 23 Coral Springs, FL Zip 24 33065 Country 25 USA	2a. Mailing Address 26 3300 University Dr. Suite, Apt. #, etc. 27 #405 City & State 28 Coral Springs, FL Zip 29 33065 Country 30 USA
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9. Name and Address of Current Registered Agent
~~SUMMITT PROPERTY MANAGEMENT, INC.~~
4450 SUNRISE BLVD.
SUITE 100-C
PLANTATION FL 33318

10. Name and Address of New Registered Agent
81 Name **United Community mgmt. corp?**
82 Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr. #405
83
84 City **Coral Springs** FL 85 Zip Code **33065**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE **X UNITED COMMUNITY MGT CORP** DATE **4/6/98**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	SD SHAPIRO, LIBBY	<input type="checkbox"/>
NAME	21385 MARINA COVE CIRCLE #E14	
STREET ADDRESS	N. MIAMI BCH FL	
CITY-ST-ZIP		
TITLE	PD WADRO, CHARLES M	<input checked="" type="checkbox"/>
NAME	21248 HARBOR WAY UNIT 245	
STREET ADDRESS	N. MIAMI BEACH FL	
CITY-ST-ZIP		
TITLE	VD MARS, BEVERLY	<input type="checkbox"/>
NAME	21160 MAINSAIL CIRCLE #4-11	
STREET ADDRESS	N MIAMI BEACH FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	CAPLAN, LARRY		
2.3 STREET ADDRESS	21388 MARINA COVE CR. #G-16		
2.4 CITY-ST-ZIP	Aventura FL		
3.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	KAUFMANN, MANFRED		
4.3 STREET ADDRESS	21236 HARBOR WAY #271		
4.4 CITY-ST-ZIP	Aventura, FL		
5.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Brogen, Leslie		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X R. [Signature]** 2-26-98

CR2E037 (10/97)